

# TYLER'S TRUST

heartfelt help ♥ lifting lives



## NOMINATION FORM

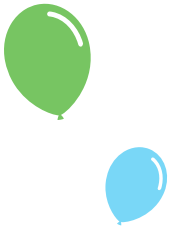
This form can be completed by a parent /carer or a medical professional with the parents' consent.

Child's name  Master/Miss  Age

Child's address  Name of referer  PLEASE INCLUDE CONTACT NUMBER.  
Relationship to child

Nature of illness  YOU DO NOT HAVE TO ANSWER THIS. IT IS SUFFICIENT FOR A HEALTH PROFESSIONAL TO ADVISE THAT IT IS A LIFE THREATENING CONDITION.

A little bit about the child's likes  DO THEY LIKE A PARTICULAR TOY/CHARACTER OR SWEETS? WE TRY TO BUY GIFTS TAILORED TO THE CHILD'S LIKES, PLEASE GIVE US AS MUCH INFORMATION AS YOU CAN.



Details of siblings under 18 who would like a gift box

Master/Miss	Name	Age	Interests/Likes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do any of the children have allergies?

PLEASE LIST ALLERGIES.

Any other relevant information



I am happy for a medical professional to complete and return this form on my behalf.

Signature of  
Parent/Guardian

Date

Verbal  
Consent given

Date

## DETAILS OF MEDICAL PROFESSIONAL CONFIRMING THE APPLICATION

I can confirm that the above mentioned child has a life threatening illness.

Name

Address

Contact  
phone number

Role

**WE WILL CONTACT YOU WHEN THE GIFT BOX IS READY TO BE SENT TO CONFIRM THE DELIVERY ADDRESS.**

**Please return the form to:  
74 Orchard Way, Barnham, West Sussex, PO22 0HY**



## DATA PROTECTION CONSENT

Tyler's Trust would like your consent in order to retain your contact details. This is so that we may contact you to offer future support or invite you to our annual fun day. If you wish to consent, please tick this box.

Tyler's Trust would like your consent to use PHOTOGRAPHS for promotional purposes. If you wish to consent, please tick this box.

Tyler's Trust would like your consent to use VIDEOS for promotional purposes. If you wish to consent, please tick this box.

Signature

Date

If you have any queries with regard to the storage of information, please feel free to contact us. We will not share your details with any third party and you may withdraw your consent at any time. This can be done by emailing the address below.



07928 224835 tyledtrust@gmail.com

CHARITY NUMBER : 1162827

[www.tyledtrust.co.uk](http://www.tyledtrust.co.uk)